



Health Sciences Programs:

Community & Public Health (B.A.)

Assessed by:

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School of Nursing & Health Sciences

Date (Date/Cycle of Assessment):

October 2018 Cycle: 2017/2018

Mission Statement & Goals of the Program

The mission of Health Sciences is to prepare students to become Health Education Specialists in providing health promotion and education in the Malone Community, in the local community, and in the global community. The goal is to promote preventative healthy lifestyles for all populations by informing and serving others through the professional practices of health education.

Student Learning Outcomes (7 National Responsibilities for Health Education Specialists)

- Assess needs, resources & capacity for health education/promotion & plan health education/promotion
- Implement health education/promotion & conduct evaluation and research related to health education/promotion
- Administer & manage health education/promotion & serve as a health education/promotion resource person
- Communicate, promote & advocate for health, health education/promotion and the profession

Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #1</p> <p>#1 a) Assess needs, assets & capacity for health education/promotion, and plan health education/promotion</p> <p>#1 b) Students will score close to the mean score in Higher Order Learning when compared CCCU Schools</p>	<p>PILO #1</p> <p>A) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Higher Order Learning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Internal Process = Develop marketing focus</p> <p>c) Organizational capacity = Clarify brand promise</p>	<p>PILO #1</p> <p>A) CHES Examination: No students took the CHES Examination in the April 2018 test cycle.</p> <p>Assessing Needs, Resources & Capacity: Malone = National Average =</p> <p>Plan Health Education/Promotion: Malone = National Average =</p> <p>B) Supervisor Evaluation: Students are competent in assessment of needs, resources, & capacity for health education/promotion (3.77) and planning health education/promotion (3.80). Scores are slightly lower than last year, but remain in the competent range (3.00).</p> <p>C) Senior Exit Survey: Students think they are competent in</p>	<p>PILO #1</p> <p>A) CHES EXAMINATION: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in assessing needs, assets & capacity for health education/promotion and planning health education/promotion moving close to the very competent score (4.00). Seniors rated themselves slightly lower on the same items, placing them slightly above the competent score (3.00).</p> <p>D: NSSE 2018 data not available for comparison.</p> <p>E: ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p>

	<p>VIABLE a) Financial resources = Optimize return on investment</p> <p>VIBRANT a) Student stakeholders = Advance learning outcomes b) Financial resources = Align resources with priorities c) Organization capacity = Develop a student centered culture</p>	<p>assessment of needs, resources, & capacity for health education/promotion (3.32) and planning health education/promotion (3.11). Scores are slightly lower than last year, but remain in the competent range (3.00).</p> <p>d) NSSE: Higher Order Learning</p> <p>First Year Mean: 2014 Malone = 36.5 CCCU = 38.9 NSSE = 40.6</p> <p>Senior Year Mean: 2014 Malone = 42.3 CCCU = 42.0 NSSE = 43.3</p>	<p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p> <p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including Emergency Preparedness and</p>
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			<p>Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p> <p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of assessment and planning):</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in “Build a Better Block District” for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with residents of Canton to improve access to health in one city block.</p> <p>c) students participated in the Annual Stark County Health Summit and had</p>
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			<p>the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p>
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Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #2</p> <p>#2 a) Implement health education/promotion, and conduct evaluation & research related to health education/promotion</p> <p>#2 b) Students will score close to the mean score in Quantitative Reasoning when compared CCCU Schools</p>	<p>PILO #2</p> <p>a) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Quantitative Reasoning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Internal Process = Develop marketing focus</p> <p>c) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p>	<p>PILO #2</p> <p>A) CHES Examination: No students took the CHES Examination in the April 2018 test cycle.</p> <p>Implementation: Malone = National Average =</p> <p>Conducting Evaluation & Research: Malone = National Average =</p> <p>B) Supervisor Evaluation: Students are competent implementing health education/promotion (3.75) & in conducting evaluation & research (3.82). Scores in implementation are slightly lower than last year, but remain in the competent range (3.00). Scores in conducting evaluation & research are the same as last year remaining in the competent range (3.00).</p> <p>C) Senior Exit Survey: Students think they are competent</p>	<p>PILO #2</p> <p>A) CHES Examination: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in implementing health education/promotion and conducting evaluation & research moving close to the very competent score (4.00). Seniors rated themselves slightly lower on the same items, placing them slightly above the competent score (3.00).</p> <p>D) NSSE: 2018 data not available for comparison.</p> <p>E: ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p>

	<p>a) Student Stakeholders = Diversify & increase revenue b) Financial resources = Optimize return on investment c) Organizational capacity = Build strategic financial understanding</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes b) Financial resources = Align resources with priorities c) Organization capacity = Develop a student centered culture</p>	<p>implementing health education/promotion (3.07) & in conducting evaluation & research (3.13). Scores are slightly lower than last year, but remain in the competent range (3.00).</p> <p>D) NSSE: Quantitative Reasoning</p> <p>First Year Mean: 2014 Malone = 23.5 CCCU = 24.7 NSSE = 28.8</p> <p>Senior Year Mean: 2014 Malone = 25.3 CCCU = 27.7 NSSE = 31.3</p>	<p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p> <p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and</p>
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			<p>Retention Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p> <p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of implementation and conducting research and evaluation):</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in "Build a Better Block District" for the city of Canton. They learned how interact with multiple health agencies and organizations and</p>
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			<p>their personnel, volunteers, and with residents of Canton to improve access to health in one city block. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County.</p>
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Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #3)</p> <p>#3 a) Administer & manage health education/promotion, and serve as a health education/promotion resource person</p> <p>#3 b) Students will score close to the mean score Collaborative Learning and Reflective & Integrative Learning when compared CCCU Schools</p>	<p>PILO #3</p> <p>a) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/ Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Collaborative Learning • Reflective & Integrative Learning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Financial resources = Invest in marketing expertise</p> <p>c) Internal Process = Develop marketing focus</p>	<p>PILO #3</p> <p>A) CHES Examination: No students took the CHES Examination in the April 2018 test cycle.</p> <p>Administering & Managing Health Education/Promotion Malone = National Average =</p> <p>Serve as a Health Education/Promotion Resource Person: Malone = National Average =</p> <p>B) Supervisor Evaluation: Students are competent in administering & managing health education/promotion (3.75) & serving as a health education/promotion resource person (3.94). Scores in administering are slightly lower than the previous year but remain in the competent range (3.00). Scores in conducting research are a</p>	<p>PILO #3</p> <p>A) CHES Examination: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in administering & managing health education/promotion and serving as a health education/promotion resource person moving close to the very competent score (4.00). Seniors rated themselves slightly lower on the same items, placing them slightly above the competent score (3.00).</p> <p>D) NSSE: 2018 data not available for comparison.</p> <p>E: ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p>

	<p>d) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p> <p>a) Student Stakeholders = Diversify & increase revenue</p> <p>b) Financial resources = Optimize return on investment</p> <p>c) Organizational capacity = Build strategic financial understanding</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes</p> <p>b) Financial resources = Align resources with priorities</p> <p>c) Organizational capacity = Develop a student centered culture</p>	<p>higher than last and remain in the competent range (3.00).</p> <p>C) Senior Exit Survey: Students think they are competent in administering & managing health education/promotion (3.04) & servicing as a health education/promotion resource person (3.56). Scores are slightly lower than last year in administering and managing, but remain in the competent range (3.00). Scores in servicing as a resource person are higher than last year and remain in the competent range (3.00).</p> <p>D) NSSE: Collaborative Learning</p> <p>First Year Mean: 2014 Malone = 34.9 CCCU = 33.2 NSSE = 34.7</p> <p>Senior Year Mean: 2014 Malone = 33.7 CCCU = 32.7 NSSE = 35.4</p>	<p>Formative Wheel Spring 2018:</p> <p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p> <p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org) “SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p>
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		<p>Reflective & Integrative Learning</p> <p>First Year Mean: 2014 Malone = 35.4 CCCU = 36.6 NSSE = 37.3</p> <p>Senior Year Mean: 2014 Malone = 39.9 CCCU = 40.9 NSSE = 41.1</p>	<p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p> <p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of administrating and managing, and serving as a resource person:</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in "Build a Better Block</p>
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			<p>District” for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with residents of Canton to improve access to health in one city block. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County.</p>
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Program Intended Learning Outcomes (PILO)	Means of Program Assessment & Criteria for Success	Summary of Collected Data	Strengths & Weaknesses
<p>PILO #4</p> <p>#4 a) Communicate & advocate for health and health education</p> <p>#4 b) Students will score close to the mean score Student Faculty Interaction and Collaborative Learning when compared CCCU Schools</p>	<p>PILO #4</p> <p>a) National Certified Health Education Specialist Examination (CHES)</p> <p>b) Supervisor Evaluation of Student Health Educators</p> <p>c) Student Intern/ Educator Senior Exit Survey</p> <p>d) National Survey of Student Engagement (NSSE):</p> <ul style="list-style-type: none"> • Student Faculty Interaction • Collaborative Learning <p>Relationship to Themes (Visible/Viable/Vibrant) & Objectives</p> <p>VISIBLE</p> <p>a) Student Stakeholders = Increase awareness</p> <p>b) Financial resources = Invest in marketing expertise</p> <p>c) Internal Process = Develop marketing focus</p>	<p>PILO #4</p> <p>A) CHES Examination: No students took the CHES Examination in the April 2018 test cycle.</p> <p>Communicate, Promote & Advocate: Malone = National Average =</p> <p>B) Supervisor Evaluation: Students are competent in communicate, promote & advocate for health education/promotion (3.66). Scores are slightly lower than last year, but remain in the competent range (3.00).</p> <p>C) Senior Exit Survey: Students think they are competent in communicate, promote & advocate for health education (3.16). Scores are slightly lower than last year, but remain in the competent range (3.00).</p> <p>D) NSSE: Student-Faculty Interaction</p>	<p>PILO #4</p> <p>A) CHES Examination: No results.</p> <p>B) & C) RESULTS of SUPERVISOR EVALUATION & SENIOR EXIT SURVEY: Results of both evaluations continues to reinforce the curriculum is strong, and prepares students for entry level positions in Community & Public Health Promotion. Students were ranked high by supervisors in communicate, promote & advocate for health education/promotion moving close to the very competent score (4.00). Seniors rated themselves slightly lower on the same items, placing them slightly above the competent score (3.00).</p> <p>D: NSSE: 2018 data not available for comparison.</p> <p>E: ADDITIONAL INFORMATION</p> <p>1) Curriculum Changes in the Health Sciences</p> <p>Formative Wheel Spring 2018:</p>

	<p>d) Organizational capacity = Clarify brand promise</p> <p>VIABLE</p> <p>a) Student Stakeholders = Diversify & increase revenue</p> <p>b) Financial resources = Optimize return on investment</p> <p>c) Organizational capacity = Build strategic financial understanding</p> <p>VIBRANT</p> <p>a) Student stakeholders = Advance learning outcomes</p> <p>b) Financial resources = Align resources with priorities</p> <p>c) Organizational capacity = Develop a student centered culture</p>	<p>First Year Mean: 2014</p> <p>Malone = 21.8</p> <p>CCCU = 20.1</p> <p>NSSE = 23.3</p> <p>Senior Year Mean: 2014</p> <p>Malone = 24.1</p> <p>CCCU = 25.1</p> <p>NSSE = 29.5</p> <p>Collaborative Learning</p> <p>First Year Mean: 2014</p> <p>Malone = 34.9</p> <p>CCCU = 33.2</p> <p>NSSE = 34.7</p> <p>Senior Year Mean: 2014</p> <p>Malone = 33.7</p> <p>CCCU = 32.7</p> <p>NSSE = 35.4</p>	<p>The following changes in the Health Sciences curriculum was approved by the Faculty:</p> <p>a) BIOL 371 – Microbiology to replace HED 342 – Intro to Disease & Illness to strengthen both the undergraduate curriculum, and preparation for graduate school.</p> <p>b) Compressing HED 435 – Strategies & Practices (3) and HED 431 – Program Planning and Evaluation (3 hrs) into 1 course: HED - Strategies, Programming & Evaluation (3 hrs). There was a 50 % overlap of material between courses. Compression allowed for a coordinated approach of overlapping material, and integration of new material between courses. New text books are also compressing the material into one course.</p> <p>c) Addition of HED 4xx – Public Health Emergency Preparedness & Management (3 hrs).</p> <p>Rationale:</p> <p>SOCIETY FOR PUBLIC HEALTH EDUCATION (www.sophe.org)</p> <p>“SOPHE recommends maximizing the collective impact of the public and private sectors to promote health:</p> <p>Public Health Infrastructure, including Emergency Preparedness and Workforce Recruitment, Training and Retention Infrastructure, including</p>
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			<p>Emergency Preparedness and Workforce Recruitment, Training and Retention</p> <p>Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism – The Robert Wood Johnson Foundation (www.rwjf.org):</p> <p>The U.S. public health system is responsible for protecting the American people from a range of potential health threats. An all-hazards public health system is one that is able to respond to and protect citizens from the full spectrum of possible public health emergencies, including bioterrorism and naturally occurring health threats. An all-hazards system recognizes that preparing for one threat can have benefits that will help prepare public health departments for all potential threats.</p> <p>2) Increased Field Work Opportunities for Majors & Minors (to strengthen the areas of communicate, advocate and promote:</p> <p>a) students participated in a fundraiser, to work on networking in social settings</p> <p>b) students had the experience of participating in "Build a Better Block District" for the city of Canton. They learned how interact with multiple health agencies and organizations and their personnel, volunteers, and with</p>
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			<p>residents of Canton to improve access to health in one city block. They were responsible for conducting the evaluation of the event by interviewing residents who attended.</p> <p>c) students participated in the Annual Stark County Health Summit and had the opportunity to see the collective agencies that are involved in addressing the health needs of the citizens of Stark County.</p>
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**National Certified Health Education Specialist Exam
(CHES #4)**

	2019		2018		2017		2016	
	(n=0)		(n=0)		(n=0)		(n=2)	
	Mean		Mean		Mean		Mean	
	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>
Responsibility I							14.91	18.67
Responsibility II							16.82	19.00
Responsibility III							27.61	34.33
Responsibility IV							8.91	10.67
Responsibility V							12.33	17.33
Responsibility VI							8.98	11.00
Responsibility VII							12.52	16.00

Total Score	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>	<u>Nat</u>	<u>MU</u>
							102.07	127.00
Pass Rate (%)							61.07	100.00

Nat = National
 MU = Malone University

Average on “Overall Responsibility” – Supervisor Evaluation of Student Health Educators (CHES #4)

Please rank the Student Health Educator on the 7 National Responsibilities identified below. Please circle the appropriate response using the scales provided.

Responsibility	Not Competent		Very Competent		Not Observed		2019 (n =)		2018 (n =9)		2017 (n =2)		Overall	
	1	2	3	4	0		\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
I									3.77	.42	3.93	.25		
II									3.80	.41	3.97	.18		
III									3.75	.44	3.93	.26		
IV									3.82	.39	3.82	.40		
V									3.75	.44	3.92	.28		
VI									3.94	.24	3.60	.52		
VII									3.66	.48	3.90	.30		

AREAS OF RESPONSIBILITIES: The entry-level health educator, working with individuals, groups, and organizations is responsible for:

- I: Assess needs, resources & capacity for health education/promotion
- II: Plan health education/promotion
- III: Implement health education/promotion
- IV: Conduct evaluation & research related to health education/promotion
- V: Administer & manage health education/promotion
- VI: Serve as a health education/promotion resource person
- VII: Communicate, promote & advocate for health & health education/promotion and the profession

Average on “Overall” Responsibility – Student Intern/Educator Senior Exit Survey (CHES #4)

Please rank yourself as a Student Health Educator on the 7 National Responsibilities identified below. Please circle the appropriate response using the scales provided.

Responsibility	Not Competent		Very Competent		Not Observed		2019 (n=)		2018 (n=)		2017 (n=3)		Overall	
	1	2	3	4	0		\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
I									3.32	.75	3.46	.54		
II									3.11	.73	3.52	.59		
III									3.07	.70	3.51	.51		
IV									3.13	.69	3.41	.50		
V									3.04	.77	3.39	.63		
VI									3.56	.50	3.40	.51		
VII									3.16	.73	3.37	.59		

RESPONSIBILITIES: The entry-level health educator, working with individuals, groups, and organizations is responsible for:

- I: Assess needs, resources & capacity for health education/promotion
- II: Plan health education/promotion
- III: Implement health education/promotion
- IV: Conduct evaluation & research related to health education/promotion
- V: Administer & manage health education/promotion
- VI: Serve as a health education/promotion resource person
- VII: Communicate, promote & advocate for health & health education/promotion and the profession